

Work Order ID 96405

January-28-13 10:39:27 AM

96405

Page 1

Item ID: D3139-3

Accept

N900040100

Setup

Start

NS1

Revision ID:

Stop

NS2

Item Name: Guard

Start Date: 1/25/13 Start Qty: 6.00

6

Cust Item ID:

Required Date: 1/25/13 Req'd Qty: 6.00

6

Customer:

Reference:

Approvals: Process Plan: MLJ

Date: 13-01-28

Tooling: _____ Date: _____

Run

Start

NR1

QC: _____

Date: _____ SPC (Y/N): _____

Date: _____

Stop

NR2

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
Draw Nbr	Revision Nbr								
D3139	C								
100		0.00							
100 Waterjet	FLOW WATER JET								
FLOW CNC Waterjet	Memo	0.00							
.125" Lexan	1-Cut as per Dwg Dwg Rev: <u>C</u> Prog Rev: <u>C</u>								
	2-Deburr if necessary								
110	QC2- Inspect parts off machine FAI/FAIB	0.00							
110 QC	Memo	0.00							
Quality Control	1) Inspect parts off machine 2) Complete FAI								

6 0 Jm13-4-4

6 0 Jm13-4-4

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____			DISPOSITION		AGAINST DEPARTMENT/PROCESS					
Part No. _____			Rework <input type="checkbox"/>	Scrap <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>		
NCR No. _____			Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>		
			Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Finishing <input type="checkbox"/>	Composite <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>		
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector	
Doc/Data										
Equip/Tooling										
Operator										
Material										
Setup										
Other										
Process										
Supplier										
Training										
Unapproved										
FAULT CATEGORY										
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions						
				<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Other						
				<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled						

Work Order ID 96405

96405

Page 2

January-28-13 10:39:27 AM

Item ID: D3139-3

Accept

N900040100

Setup

Start *NS1*

Revision ID:

Stop

NS2

Item Name: Guard

Start Date: 1/25/13 Start Qty: 6.00

6

Cust Item ID:

Required Date: 1/25/13 Req'd Qty: 6.00

6

Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run

Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2

Sequence ID/
Work Center ID

Operation
Description

Set Up/
Run Hours

Tool ID

Tool #

Plan
Code

Accept
Qty

Reject
Qty

Reject
Number

Insp.
Stamp

120

QC8- Inspect parts - second check

0.00

DAS

120

QC

Memo

0.00

07

Quality Control

13/04/09

125

125

HandThermo

Memo

0.00

x5

x1

DAS
07
08

Hand Finishing Thermoforming

Drill & Countersink as per Dwg.

0.00

13/04/09

P10 →

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: *John* Date: 13/04/16
QA Closed: *John* Date: 13/04/16

Work Order: <u>96405</u>	DISPOSITION	AGAINST DEPARTMENT/PROCESS							
Part No. <u>D3139-3</u>	Rework <input type="checkbox"/> Scrap <input checked="" type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input checked="" type="checkbox"/> Large Fab <input type="checkbox"/>	Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/>	Water Jet <input type="checkbox"/> Prod. Eng. Coor. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/>	Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/>				
NCR No. <u>13.24489</u>									
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data	13/04/09	125	1	COUNTERSINK B.T LOWERED onto part end. made small hole (melted BLEMISH) R.C. operator Error QTY 1	<i>JK</i>	Scrap 1 part NO replace	<i>13/04/09</i> <i>Wk. 134.09</i>	<i>JK 34.11</i>	<i>DAS 16</i> <i>13/04/09</i>
Equip/Tooling									
Operator <input checked="" type="checkbox"/>									
Material									
Setup									
Other									
Process									
Supplier									
Training									
Unapproved									
FAULT CATEGORY									
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions					
				<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Other					

Work Order ID 96405

January-28-13 10:39:27 AM

96405

Page 3

Item ID: D3139-3

Revision ID:

Item Name: Guard

Start Date: 1/25/13 Start Qty: 6.00

Required Date: 1/25/13 Req'd Qty: 6.00

Accept

N900040100

Setup

Start

NS1

Stop

NS2

Cust Item ID:

Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run

Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2

Sequence ID/
Work Center ID

Operation
Description

Set Up/
Run Hours

Tool ID

Tool #

Plan
Code

Accept
Qty

Reject
Qty

Reject
Number

Insp.
Stamp

130

130

Thermoform

Thermoforming Machine

THERMOFORMING MACHINE

0.00

x5

DAS
07
09

13/04/09

Memo

0.00

1) Heat the part at .875" (on the wide part near holes, centered to the element. heat till slightly soft & flip over once to heat opposite side
Using Bending tool DT 9694 bend the softnen plastic to 90 degrees and allow to cool for 1 minute

2) Place the bent angle down on the short side of the line bender and push to the edge. Heat the plastic at this location till slightly soft and flip to opposite side till soft. Insert bent end into bending jig DT 9694 in the opposite direction of the first bend, close the lid and bend the plastic upward to 90 degrees and let cool for 1 minute.

140

QC2- Inspect parts off machine FAI/FAIB

0.00

x5

DAS
07
09

13/04/09

140

QC

Quality Control

Memo

0.00

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS														
			Rework <input type="checkbox"/>	Scrap <input type="checkbox"/>	Use-as-is <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Machining <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Finishing <input type="checkbox"/>	Composite <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Supplier <input type="checkbox"/>	Engineering <input type="checkbox"/>	Quality <input type="checkbox"/>	Other <input type="checkbox"/>
Part No. _____			Work Order Update <input type="checkbox"/>																	
NCR No. _____																				
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance		Initial Chief Eng	Action Description			Sign & Date	Verification		QC Inspector							
Doc/Data																				
Equip/Tooling																				
Operator																				
Material																				
Setup																				
Other																				
Process																				
Supplier																				
Training																				
Unapproved																				
FAULT CATEGORY																				
Landing Gear				General																
				Bending <input type="checkbox"/>	Bend <input type="checkbox"/>	Grain <input type="checkbox"/>	Ovalized <input type="checkbox"/>	Pressure/Forced <input type="checkbox"/>												
				Centre Not Concentric to O/S <input type="checkbox"/>	BOM/Route <input type="checkbox"/>	Hardware <input type="checkbox"/>	Over/Under tolerance <input type="checkbox"/>	Temperature/Cure <input type="checkbox"/>												
				Cracks <input type="checkbox"/>	Broken/Damaged <input type="checkbox"/>	Inspection Incomplete <input type="checkbox"/>	Part Incorrect <input type="checkbox"/>	Weld <input type="checkbox"/>												
				Crushed/Crimped. <input type="checkbox"/>	Burrs <input type="checkbox"/>	Instructions Incomplete/Unclear <input type="checkbox"/>	Part Lost/Missing <input type="checkbox"/>	Wrong Stock Pulled <input type="checkbox"/>												
				Cuffs <input type="checkbox"/>	Contamination <input type="checkbox"/>	Maintenance <input type="checkbox"/>	Part Moved <input type="checkbox"/>													
				Heat Treat <input type="checkbox"/>	Countersink <input type="checkbox"/>	Mislabeled <input type="checkbox"/>	Positioned Wrong <input type="checkbox"/>													
				Inspection Strip in Tube <input type="checkbox"/>	Cut Too Short <input type="checkbox"/>	Misread <input type="checkbox"/>	Power Loss/Surge <input type="checkbox"/>	Other <input type="checkbox"/>												
				Ripples in Bend <input type="checkbox"/>	Drill Holes <input type="checkbox"/>	Offset <input type="checkbox"/>														
				Torque Waves in Extrusion <input type="checkbox"/>	Drawing <input type="checkbox"/>	Out of Calibration <input type="checkbox"/>														
				Turning Sequence <input type="checkbox"/>	Finish <input type="checkbox"/>	Out of Sequence <input type="checkbox"/>														
				Wave/Twist in Tube <input type="checkbox"/>	Folio <input type="checkbox"/>	Outside Dimensions <input type="checkbox"/>														

Work Order ID 96405

January-28-13 10:39:27 AM

96405

Page 4

Item ID: D3139-3

Accept

N900040100

Setup

Start

NS1

Revision ID:

Stop

NS2

Item Name: Guard

Start Date: 1/25/13 Start Qty: 6.00

6

Cust Item ID:

Required Date: 1/25/13 Req'd Qty: 6.00

6

Customer:

Reference:

Approvals: Process Plan: _____

Date: _____

Tooling: _____

Date: _____

Run

Start

NR1

QC: _____

Date: _____

SPC (Y/N): _____

Date: _____

Stop

NR2

Sequence ID/
Work Center ID

Operation
Description

Set Up/
Run Hours

Tool ID

Tool #

Plan
Code

Accept
Qty

Reject
Qty

Reject
Number

Insp.
Stamp

150

QC5- Inspect part completeness to step on W/O

0.00

AS

150

QC

Quality Control

Memo

0.00

13410

S

160

Identify as per dwg & Stock Location: _____

0.00

160

Packaging

Packaging

Memo

STC27

0.00



170

QC21- Final Inspection - Work Order Release

0.00

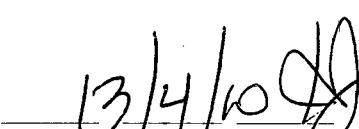
170

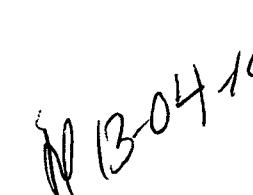
QC

Quality Control

Memo

0.00





NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____			DISPOSITION		AGAINST DEPARTMENT/PROCESS										
Part No. _____			Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>								
NCR No. _____			Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>								
			Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>								
			Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>									
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector						
Doc/Data															
Equip/Tooling															
Operator															
Material															
Setup															
Other															
Process															
Supplier															
Training															
Unapproved															
FAULT CATEGORY															
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions						<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Other				<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled	

Picklist Print

January-28-13 10:39:27 AM

Page 1

Work Order ID: 96405 **Parent Item:** D3139-3 **Start Date:** 1/25/13 **Required Date:** 1/25/13
Parent Item Name: Guard **Start Qty:** 6.00 **Required Qty:** 6.00

Comments: Ipp Rev. A New Issue Form In-house 10/11/19 DL verf:DD Ipp Rev. B Water jet Added
10/11/24 DL

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
MLEXS.125-9034-01 1/8" 9034 Lexan Sheet		Purchased	No				sf	237.3800		0.7894734 1.0		Jm 13-4-4	

Location	Loc Qty	Loc Code
MAT019 11722 10991	237.38 189.8 41.56	_____ _____ _____

125052

125052

NCR: Yes / No

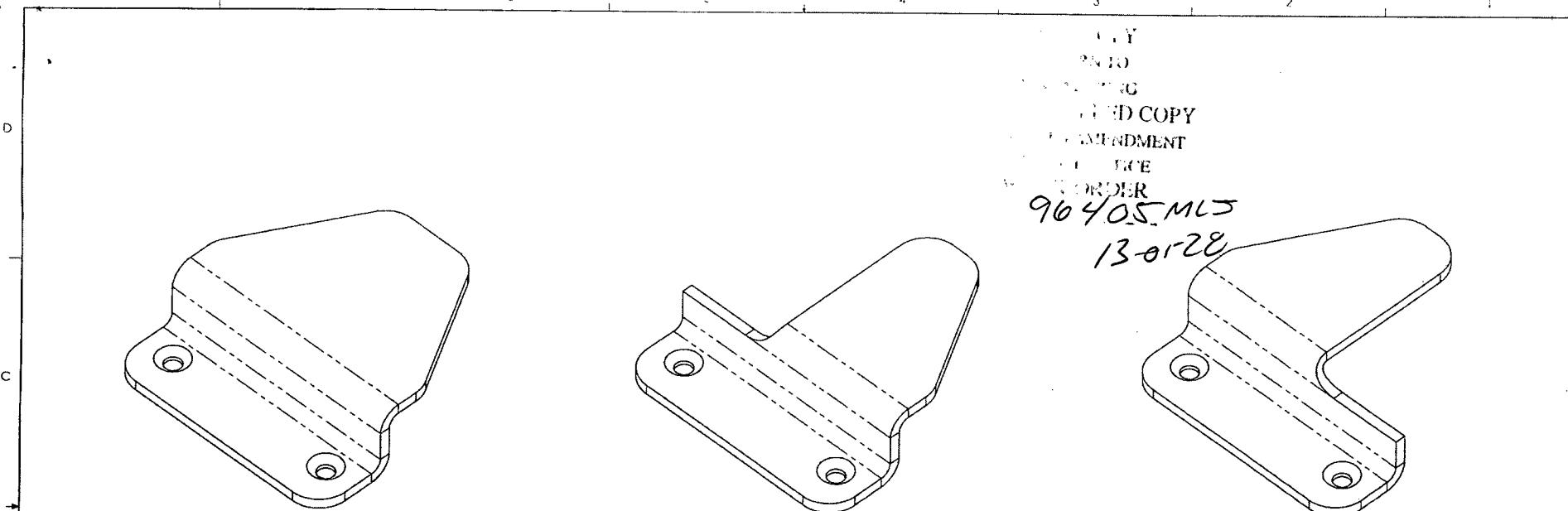
DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS									
			Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>								
			Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>								
			Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>								
			Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>									
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector						
Doc/Data															
Equip/Tooling															
Operator															
Material															
Setup															
Other															
Process															
Supplier															
Training															
Unapproved															
FAULT CATEGORY															
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions						<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Other				<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled	

8 7 6 5 4 3 2 1



D3139-1 GUARD
(REPLACES PREMIER P/N B30-23000-237/-238)

D3139-3 GUARD
(REPLACES PREMIER P/N B30-23000-239)

D3139-4 GUARD
(REPLACES PREMIER P/N B30-23000-240)

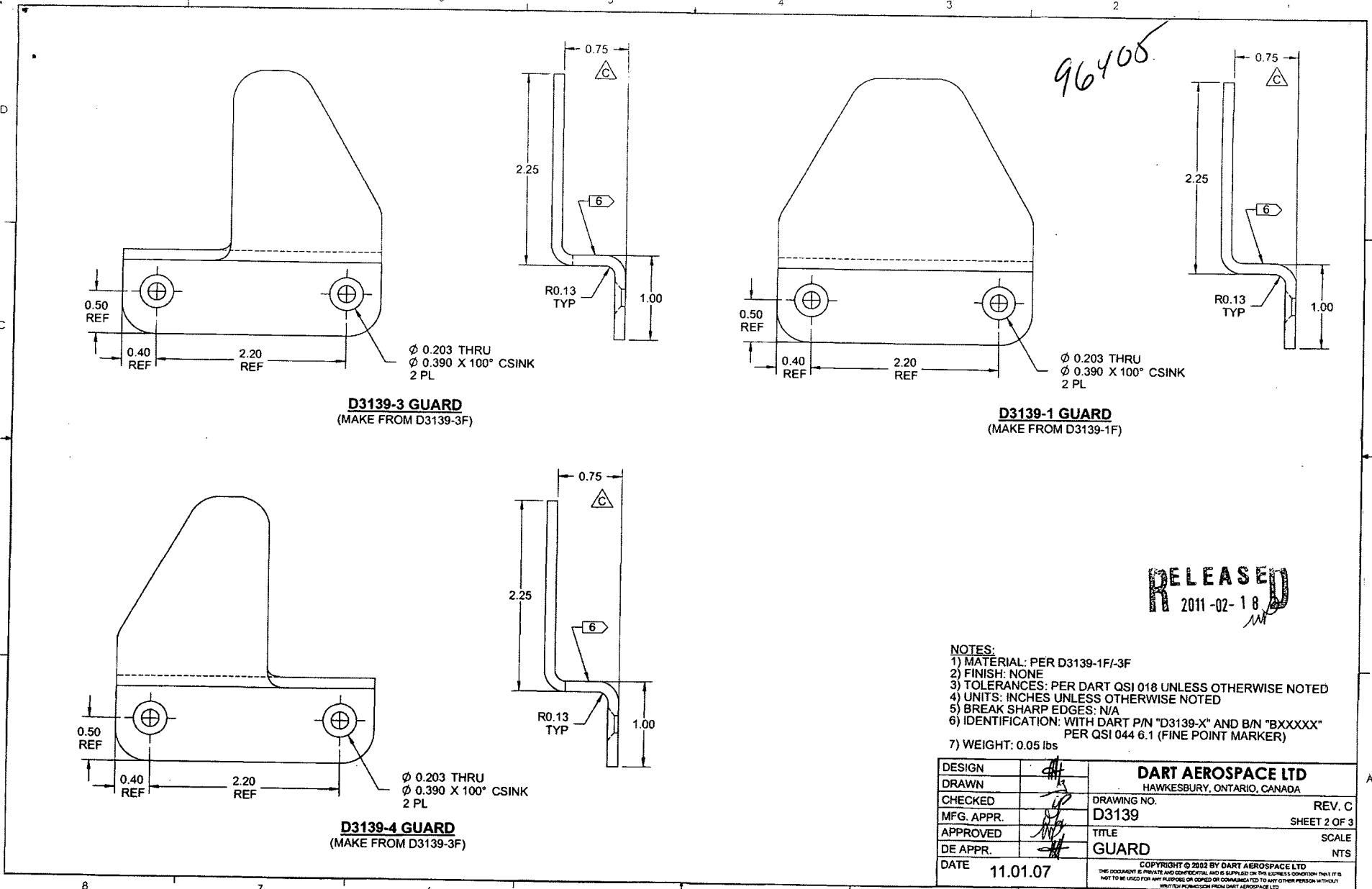
1. Y
2. N
3. G
4. 3D COPY
5. AMENDMENT
6. DATE
7. ORDER
96405MLD
13-01-28

RELEASED
2011-02-18
JW

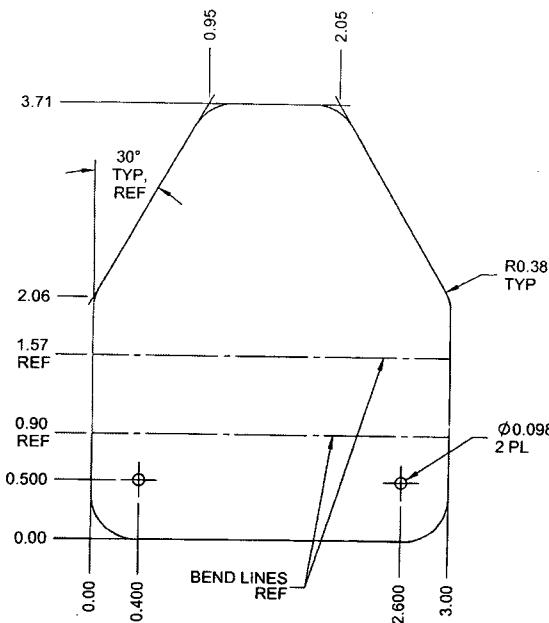
C	UPDATED TO CURRENT STD: CREATED D3139-1/-3 FLAT PATTERNS (SHT 3); 0.75 WAS 0.70 (B5-2, D1-2, D5-2). REF. CAR10-28.	MB	11.01.07
B	ADD PART MARKING	RF	04.10.18
A	NEW ISSUE	RF	02.04.19
REV.	DESCRIPTION		
DESIGN	DART AEROSPACE LTD HAWKESBURY, ONTARIO, CANADA		
DRAWN	DRAWING NO. D3139		
CHECKED	REV. C SHEET 1 OF 3		
MFG. APPR.	TITLE GUARD		
APPROVED	SCALE NTS		
DE APPR.	DATE 11.01.07		

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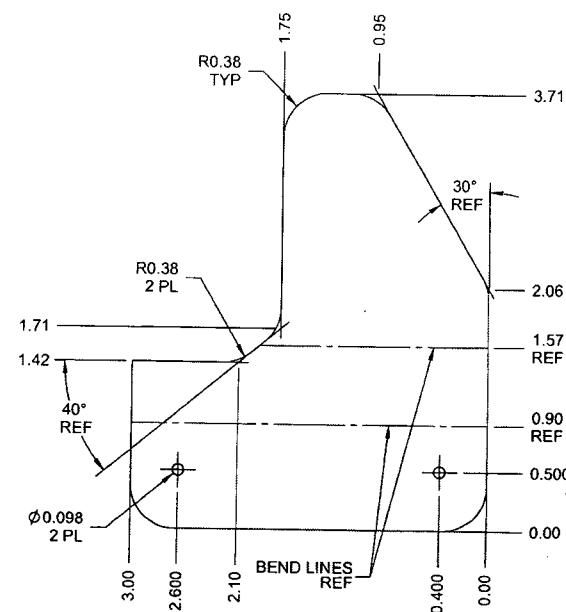
8 7 6 5 4 3 2 1



DESIGN	<i>44</i>	DART AEROSPACE LTD
DRAWN	<i>44</i>	HAWKESBURY, ONTARIO, CANADA
CHECKED	<i>44</i>	REV. C
MFG. APPR.	<i>44</i>	DRAWING NO.
APPROVED	<i>44</i>	D3139
DE APPR.	<i>44</i>	SHEET 2 OF 3
		TITLE
		GUARD
		SCALE
		NTS
DATE	11.01.07	COPYRIGHT © 2002 BY DART AEROSPACE LTD THE DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS EXCLUDED FROM THE AUTOMATIC DISTRIBUTION LIST. IT IS NOT TO BE USED FOR ANY PURPOSE OR COPIED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD



△ D3139-1F GUARD FLAT PATTERN



△ D3139-3F GUARD FLAT PATTERN

96405

RELEASED
2011-02-18
M

NOTES:

- 1) MATERIAL: 9034 CLEAR LEXAN SHEET (SMOOTH TEXTURE), 0.125" THICK
REF. DART SPEC. MLEXS.125-9034-01
- 2) FINISH: NONE
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: 0.005 TO 0.015 MAX
- 6) IDENTIFICATION: NONE
- 7) WEIGHT: 0.05 lbs

DESIGN	<i>11</i>	DART AEROSPACE LTD
DRAWN	<i>11</i>	HAWKESBURY, ONTARIO, CANADA
CHECKED	<i>11</i>	DRAWING NO. D3139 REV. C
MFG. APPR.	<i>11</i>	DATE SHEET 3 OF 3
APPROVED	<i>11</i>	TITLE GUARD SCALE
DE APPR.	<i>11</i>	NTS
DATE	11.01.07	COPYRIGHT © 2002 BY DART AEROSPACE LTD THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR COPIED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD

DART AEROSPACE LTD	Work Order:	96405
Description: GUARD	Part Number:	D3139-3
Inspection Dwg: D3139 Rev: C		Page 1 of 1

FIRST ARTICLE INSPECTION CHECKLIST

Measured by:	Jm	Audited by:	Wf	Preliminary Approval:	
Date:	13-4-09	Date:	13/04/09	Date:	

Rev	Date	Change	Revised by	Approved
E	10.04.14	Added preliminary approval	KJ	